
INDIANA COMMISSION ON PROPRIETARY EDUCATION*Board of Commissioners Meeting Memorandum*

Date: September 12, 2007

From: Jeff Weber, Commissioner

Subject: STUDENT REFUND CLAIM VALIDATIONS: CENTER FOR VITAL LIVING

Staff Recommendation

The commission staff recommends that Student refund claims against Center for Vital Living, Fort Wayne, Indiana, be paid in accordance with IC 21-17-3-24, IC 21-17-3-25 and 570 IAC 1-14-11, and as noted in the supporting documentation. Total of all claims is \$51,488.09 with \$37,721.55 to be paid through surety bonds and \$13,766.54 to be paid by the Career College Student Assurance Fund (CCSAF).

- Bond 793339 (6/5/2002-6/5/2003)
Amount of Bond: \$14,205
1 claim @ \$379.84 to be paid from Bond
Residual surety after claims: \$13,825.16
- Bond 793339 (6/5/2003-6/5/2004)
Amount of Bond: \$17,073
4 claims @ \$3,190.50 to be paid from Bond
Residual surety after claims: \$13,882.50
- Bond 793339 (6/5/2004-6/5/2005)
Amount of Bond: \$17,149
2 claims @ \$3,596.54 to be paid from Bond
Residual surety after claims: \$13,552.46
- Bond 793339 (6/5/2005-6/5/2006)
Amount of Bond: \$18,551
11 claims @ \$32,317.54
To be paid from Bond: \$18,551.00
To be paid from CCSAF: \$13,766.54
Residual surety after claims: \$0
- Bond 793339 (6/5/2006-6/5/2007)
Amount of Bond: \$16,136
19 claims @ \$12,003.67 to be paid from Bond
Residual surety after claims: \$4,132.33

Background Information

The Center for Vital Living (CVL), Fort Wayne, Indiana, notified Commission staff in April, 2007 that the school would be closing. Through conversation with staff, CVL agreed that they would no longer accept new students and would engage in a teach-out of existing students to the extent possible. It was further agreed that, by student consent, CVL could award a diploma or degree if the student met all regulatory criteria, even if the instructional hours fell short of the original contracted amount. In the case of students eligible for completion, costs have been pro-rated for the total hours of instruction received, resulting in a refund or reduction of financial obligation for undelivered instruction. Staff and CVL felt that this was a good solution, allowing students to receive their credential, rather than starting over with no guarantee of transfer.

Students who were not eligible for the teach-out, due to the fact that they were not far enough along in their instructional program, have been presented for validation of a full refund.

All teach-out activity was completed by July 1, 2007, through an agreement between CVL and Commission staff.

Supportive Documentation

1. Claim Documentation

**Center for Vital Living, Fort Wayne, IN
Refund Claim Summary**

September 12, 2007

SUMMARY

Bond #:	793339
Surety Company:	Capitol Indemnity Corporation
Bond Period Start Date:	5-Jun-2002
Bond Period End Date:	5-Jun-2007
TOTAL Amount of Surety:	\$ 83,114.00
TOTAL Amount of Claims:	\$ 51,488.09
TOTAL To be paid by Surety:	\$ 37,721.55
TOTAL To be paid by CCSAF:	\$ 13,766.54
TOTAL Remaining Surety:	\$ 45,392.45

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**Center for Vital Living, Fort Wayne, IN
Refund Claim Summary**

September 12, 2007

Bond #: 793339
Surety Company: Capitol Indemnity Corporation
Bond Period Start Date: 5-Jun-2002
Bond Period End Date: 5-Jun-2003
Amount of Surety: \$ 14,205.00
Amount of Claims: \$ 379.84
To be paid by Surety: \$ 379.84
To be paid by CCSAF: \$ -
Remaining Surety: \$ 13,825.16

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Turner, Kelli R.	5-May-2003	10/20/2006	Yes	\$ 11,125.00	\$ 10,745.16	\$ 379.84

**INSTITUTIONAL SURETY BOND**

STATE FORM 39284 (R3/4-01)

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION**Bond No. 793339**KNOW ALL MEN BY THESE PRESENTS:**

Center for Vital Living Inc. dba Vibrant Life Resources
That we, School of Wholistic Health, of the City
of Fort Wayne, State of Indiana, as Principal, and
Capitol Indemnity Corporation, a corporation organized under the laws of the State of
Wisconsin, and duly authorized to transact business in the State of Indiana, as Surety, are held
and firmly bound unto the State of Indiana, as Oblige, in the penal sum of \$14,205.00 Dollars,
lawful money of the United States, for which payment, well and truly to be made, we bond ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Oblige accreditation to
operate an educational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term of said
accreditation is effective:

Beginning the 5th day of June, 2002, and Ending the 5th day of June, 2003

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana
Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety
bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal
having failed or neglected to faithfully perform all agreements, express or otherwise, with the student, enrollee, or the
parents or guardians thereof as represented by the application for the accreditation and the materials submitted, in
support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of
instruction or study in compliance with the standards of Indiana Code, Title 20, Article 1, Chapter 19.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such
accredited institution shall indemnify said Oblige against all loss, cost, expenses, or damage to it caused by said
Principal's noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such
accreditation issued to the Principal, which said breach or noncompliance shall occur during the aforementioned term
of said accreditation, and shall further provide indemnification to any student or enrollee who shall suffer loss or
damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or
otherwise, with the students, enrollee, or the parents or guardians thereof as represented by the application for the
accreditation and materials submitted in support of that application, or as a result of having failed or neglected to
maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code,
Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable
regulations promulgated by the Commission on Proprietary Education.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30)
days notice in writing to said Oblige.

Signed, sealed and dated the 5th day of June, 2002.

SURETY SEAL

Center for Vital Living Inc. dba
Vibrant Life Resources School
of Wholistic Health

Capitol Indemnity Corporation

Surety

X *James E. Sharp*
Principal

By

Paralela Y. Majors
Attorney-in-Fact

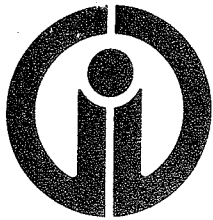
By

William E. Sharp
Chief Administrative Officer

Attach Power of Attorney**RECEIVED**

JUN 07 2002

INDIANA COMMISSION ON
PROPRIETARY EDUCATION



Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: 596920

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

----- HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS -----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- NOT TO EXCEED \$1,500,000.00 -----

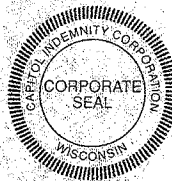
This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED; that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

Attest:

Virgiline M. Schulte
Virgiline M. Schulte, Secretary



George A. Fait
George A. Fait, President

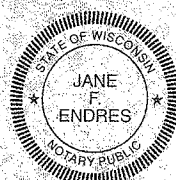
STATE OF WISCONSIN }

COUNTY OF DANE }

On the 1st day of June, A.D., 1999, before me personally came George A Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of **CAPITOL INDEMNITY CORPORATION**; the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN }

COUNTY OF DANE }



Jane F. Endres
Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires March 23, 2003

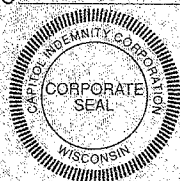
CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison. Dated the 5th day of June, 2002

RECEIVED

JUN 07 2002



Paul J. Breitmayer
Paul J. Breitmayer, Treasurer

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Turner, Kelli R.**

Student Date of Birth: 12/7/62

Phone: 260-925-5729

Address: 5985 CR 427

Auburn, IN 46706

Enrollment Date: 5/5/03

First Day of Class: 6/11/03

Last Date Attended: 10/20/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 9.06
Total Hours Completed:	1186
Total Cost to Student (instructional):	\$ 10,745.16
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 10,745.16
Total Amount Paid:	\$ 11,125.00

REFUND DUE to STUDENT: \$ 379.84

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq.).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date

8-4-07

Kelli Turner 8/4/07
Print name and date

[Signature]
Signature

ENROLLMENT AGREEMENT

PART-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME Kelli R. Turner DATE 5/5/03

Identifiable Information other than student name
Redacted from public document

SUBJECT AND FEES

			TUITION	MATERIALS
SEE FINANCIAL SHEET			\$ 11,075	\$170.23 1st yr 1st yr \$379.04 2nd yr \$142.04 3rd yr
				Subject to change w / price increases beyond our control
TOTAL TUITION AND MATERIALS			\$ 11,075	
Handling Fee			\$ (553.75)	
TOTAL FEES			\$	

Payment Schedule Option (circle): A B **C** **Part-time**

pos. Sallie Mae

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
Detailed listing on ACCOUNTING RECORD SHEET				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

BUYER'S RIGHT TO CANCEL


The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

NOTICE TO BUYER

1. Do not sign this agreement before you read it or if it contains blank spaces.
2. This is a legal instrument. Read the entire document thoroughly before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

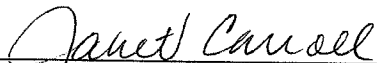
 5/5/03
Buyer Signature Date

This institution is regulated by:
The Indiana Commission on Proprietary Education
302 West Washington Street, Room 201, Indianapolis, IN 46204
1-800-227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.

Agreement accepted by:

Signed  Title Ed Dir Date 5-7-03
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: 5-7-03

Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339
 Surety Company: Capitol Indemnity Corporation
 Bond Period Start Date: 5-Jun-2003
 Bond Period End Date: 5-Jun-2004
 Amount of Surety: \$ 17,073.00
 Amount of Claims: \$ 3,190.50
 To be paid by Surety: \$ 3,190.50
 To be paid by CCSAF: \$ -
 Remaining Surety: \$ 13,882.50

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
French, John William	3-Sep-2003	5/21/2007	Yes	\$ 6,790.00	\$ 4,819.00	\$ 1,971.00
Riecke, Lee Ann	7-Dec-2003	12/10/2006	Yes	\$ 11,140.00	\$ 10,690.80	\$ 449.20
Seipel, Jessica	14-Apr-2004	12/10/2006	Yes	\$ 10,950.00	\$ 10,736.00	\$ 214.00
Wilson, Maria	1-Sep-2003	11/19/2005	Yes	\$ 11,000.00	\$ 10,443.70	\$ 556.30



INSTITUTIONAL SURETY BOND

STATE FORM 39284 (R3/4-01)

INDIANA COMMISSION ON PROPRIETARY EDUCATION

Bond No. 793339

KNOW ALL MEN BY THESE PRESENTS:

Center for Vital Living Inc. dba Vibrant Life Resources
That we, School of Wholistic Health, of the City
of Fort Wayne, State of Indiana, as Principal, and
Capitol Indemnity Corporation a corporation organized under the laws of the State of
Wisconsin, and duly authorized to transact business in the State of Indiana, as Surety, are held
and firmly bound unto the State of Indiana, as Oblige, in the penal sum of \$17,073.00***** Dollars,
lawful money of the United States, for which payment, well and truly to be made, we bond ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Oblige accreditation to
operate an educational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term of said
accreditation is effective:

Beginning the 5th day of June, 2003, and Ending the 5th day of June, 2004

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana
Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety
bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal
having failed or neglected to faithfully perform all agreements, express or otherwise, with the student, enrollee, or the
parents or guardians thereof as represented by the application for the accreditation and the materials submitted in
support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of
instruction or study in compliance with the standards of Indiana Code, Title 20, Article 1, Chapter 19.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such
accredited institution shall indemnify said Oblige against all loss, cost, expenses, or damage to it caused by said
Principal's noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such
accreditation issued to the Principal, which said breach or noncompliance shall occur during the aforementioned term
of said accreditation, and shall further provide indemnification to any student or enrollee who shall suffer loss or
damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or
otherwise, with the students, enrollee, or the parents or guardians thereof as represented by the application for the
accreditation and materials submitted in support of that application, or as a result of having failed or neglected to
maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code,
Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable
regulations promulgated by the Commission on Proprietary Education.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30)
days notice in writing to said Oblige.

Signed, sealed and dated the 13th day of June, 2003

SURETY SEAL

Capitol Indemnity Corporation

Surety

By

Attorney-in-Fact

Pamela Y. Majors

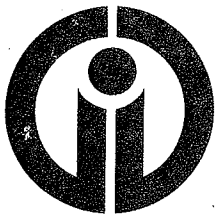
Center for Vital Living Inc. dba
Vibrant Life Resources School
of Wholistic Health

Principal

By

Chief Administrative Officer

Attach Power of Attorney



Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: 647739

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

----- HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS -----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- NOT TO EXCEED \$1,500,000.00 -----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May 2002:

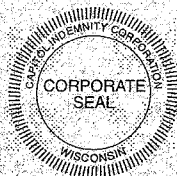
"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Treasurer, this 15th day of May, 2002.

Attest:

Thomas K. Manion

Thomas K. Manion, Treasurer



David F. Pauly

David F. Pauly, Secretary

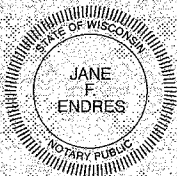
STATE OF WISCONSIN }

COUNTY OF DANE }

On the 15th day of May, A.D., 2002 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the Secretary of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN }

COUNTY OF DANE }



Jane F. Endres

Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires 3-23-2003

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

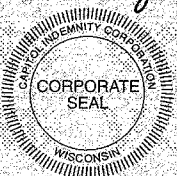
Signed and sealed this

13th

Day of

June

2003



James W. Smirz

James W. Smirz, Assistant Secretary

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: French, John William

Student Date of Birth: 2/5/61

Phone: 765-463-9631

Address: 460 Woods Edge Ct

W. Lafayette, IN 47906

Enrollment Date: 9/9/03

First Day of Class: 9/15/03

Last Date Attended: 5/21/07

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 7.90
Total Hours Completed:	610
Total Cost to Student (instructional):	\$ 4,819.00
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 4,819.00
Total Amount Paid:	\$ 6,790.00

REFUND DUE to STUDENT: \$ 1,971.00

PAYMENT DUE to SCHOOL: _____

Originally enrolled into AAS 9/03. Paid \$6790, which covered the Adv Diploma program. Had to go on leave. When returned in 9/06, we agreed to completion of Adv Diploma instead of AAS. With his credits that transferred, we were able to graduate John with the AAS. Per hr cost based on 2003 Adv Diploma fees.

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

Print name and date

7-26-07

John William French 7-26-07

Print name and date

John William French
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME John William French DATE 9-9-03

Identifiable Information other than student name
Redacted from public document

SUBJECT AND FEES

			TUITION	MATERIALS
SEE FINANCIAL SHEET			\$11,000	\$555.32 1 st yr
				\$72.08 2 nd yr
				Subject to change w / price increases beyond our control
TOTAL TUITION AND MATERIALS			\$	
5% Handling Fee			\$	
TOTAL FEES			\$	

Payment Schedule Option (circle): A B C **Full-time**

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
Detailed listing on ACCOUNTING RECORD SHEET				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

NOTICE TO BUYER

1. Do not sign this agreement before you read it or if it contains blank spaces.
2. This is a legal instrument. Read the entire document thoroughly before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.



Buyer Signature

9-9-03

Date

This institution is regulated by:
The Indiana Commission on Proprietary Education
302 West Washington Street, Room 201, Indianapolis, IN 46204
1-800-227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.

Agreement accepted by:

Signed Janet Carroll Title Ed Dir Date 9-12-03
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: 9-9-03

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Riecke, Lee Ann**

Student Date of Birth: 12/27/59

Phone: 260-410-3639

Address: 12313 Golden Harvest Dr
Fort Wayne, IN 46845

Enrollment Date: 12/7/03

First Day of Class: 1/11/04

Last Date Attended: 12/10/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 9.06

Total Hours Completed: 1180

Total Cost to Student (instructional): \$ 10,690.80

Book Refund due Student: _____

Retain Enrollment Fee: _____

NET Cost to Student: \$ 10,690.80

Total Amount Paid: \$ 11,140.00

REFUND DUE to STUDENT: \$ 449.20

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

8-1-07

STUDENT

LEE ANN RIECKE 8/1/07

Print name and date

Lee Ann Riecke

Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME LEE ANN RIECKE DATE 12-7-03

Identifiable Information other than student name
Redacted from public document

SUBJECT AND FEES

			TUITION	MATERIALS
SEE FINANCIAL SHEET			\$11,000	\$555.32 1 st yr \$72.08 2 nd yr Subject to change w / price increases beyond our control
TOTAL TUITION AND MATERIALS			\$	
5% Handling Fee			\$	
TOTAL FEES			\$	

Payment Schedule Option (circle): A B C Full-time

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
Detailed listing on ACCOUNTING RECORD SHEET				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

NOTICE TO BUYER

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4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.


Buyer Signature

12/7/03
Date

This institution is regulated by:

The Indiana Commission on Proprietary Education

302 West Washington Street, Room 201, Indianapolis, IN 46204

1-800-227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.

Agreement accepted by:

Signed Janet Canoll Title Educ Dir Date 12-9-03
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: 12-7-03

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Seipel, Jessica**

Student Date of Birth: 3/11/83

Phone: 260-478-1805

Address: 2515 Cle Elum Dr.

Fort Wayne, IN 46809

Enrollment Date: 4/14/04

First Day of Class: 6/9/04

Last Date Attended: 12/10/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 9.06
Total Hours Completed:	1185
Total Cost to Student (instructional):	\$ 10,736.00
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 10,736.00
Total Amount Paid:	\$ 10,950.00

REFUND DUE to STUDENT: \$ 214.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

Print name and date

7-31-07

Jessica K. Seipel

Print name and date

Jessica K. Seipel
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT**FULL-TIME***1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program*NAME Jessica SeipelDATE 4-14-04

Identifiable Information other than student name
Redacted from public document

SUBJECT AND FEES

			TUITION	MATERIALS
SEE FINANCIAL SHEET			\$11,000	\$588.87 1 st yr
				\$72.08 2 nd yr
				Subject to change w / price increases beyond our control
TOTAL TUITION AND MATERIALS			\$	
5% Handling Fee			\$	
TOTAL FEES			\$	

Payment Schedule Option (circle): A B C **Full-time**

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
Detailed listing on ACCOUNTING RECORD SHEET				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

BUYER'S RIGHT TO CANCEL

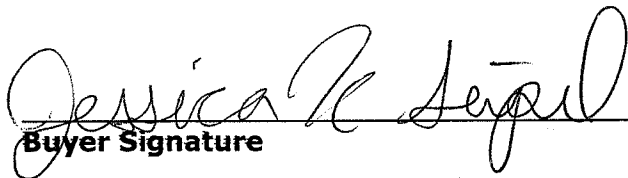
The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

NOTICE TO BUYER

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4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement:


Buyer Signature

4-14-04
Date

This institution is regulated by:
The Indiana Commission on Proprietary Education
302 West Washington Street, Room 201, Indianapolis, IN 46204
1-800-227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.

Agreement accepted by:

Signed Janet Canell Title Educ Dir Date 4-14-04
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: 4-14-04

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Wilson, Maria Katharina**

Student Date of Birth: 07/15/84
Phone: 574-202-6642

Address: 2145 W. 50 N.
LaGrange, IN 46761

Enrollment Date: 09/01/03
First Day of Class: 09/15/03
Last Date Attended: 11/19/05
Graduation Date: 06/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 9.05
Total Hours Completed:	1154
Total Cost to Student (instructional):	\$ 10,443.70
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 10,443.70
Total Amount Paid:	\$ 11,000.00

REFUND DUE to STUDENT: \$ 556.30

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above re accurate representation of the instructional and account activity between the STUDEN FOR VITAL LIVING. If the account balance reflects additional payment due to the sch student agrees to pay this amount, consistent with the original enrollment agreement account balance reflects that a refund is due the student, this document, along with ti record, shall be submitted to the Indiana Commission on Proprietary Education as CLA REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Stud Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

7-31-07
Janet Carroll

STUDENT

Maria K Wilson 7/31

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME Maria Wilson DATE 9-1-03

Identifiable Information other than student name
Redacted from public document

SUBJECT AND FEES

			TUITION	MATERIALS
SEE FINANCIAL SHEET			\$11,000	\$555.32 1 st yr
				\$72.08 2 nd yr
				Subject to change w / price increases beyond our control
TOTAL TUITION AND MATERIALS			\$	
5% Handling Fee			\$	
TOTAL FEES			\$	

Payment Schedule Option (circle): A B C **Full-time**

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
Detailed listing on ACCOUNTING RECORD SHEET				

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5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Maria Wilson

Buyer Signature

9/4/03

Date

This institution is regulated by:

The Indiana Commission on Proprietary Education

302 West Washington Street, Room 201, Indianapolis, IN 46204

1-800-227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.

Agreement accepted by:

Signed *Opal Carroll* Title *Educ Dir* Date *9-1-03*
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: *9-1-03*

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**Center for Vital Living, Fort Wayne, IN
Refund Claim Summary**

September 12, 2007

Bond #: 793339
Surety Company: Capitol Indemnity Corporation
Bond Period Start Date: 5-Jun-2004
Bond Period End Date: 5-Jun-2005
Amount of Surety: \$ 17,149.00
Amount of Claims: \$ 3,596.54
To be paid by Surety: \$ 3,596.54
To be paid by CCSAF: \$ -
Remaining Surety: \$ 13,552.46

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Doelling, Jennifer	16-Aug-2004	2/7/2006	Yes	\$ 7,531.69	\$ 4,468.14	\$ 3,063.55
Muchler, Irina Viktorovna	16-Aug-2004	4/23/2007	Yes	\$ 6,390.00	\$ 5,857.01	\$ 532.99



INSTITUTIONAL SURETY BOND
STATE FORM 39284 (R3/4-01)

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION**

Bond No. 793339

KNOW ALL MEN BY THESE PRESENTS:

That we, Center for Vital Living Inc. dba Vibrant Life Resources, of the City
School of Wholistic Health of Fort Wayne, State of Indiana, as Principal, and
Capitol Indemnity Corporation, a corporation organized under the laws of the State of
Wisconsin, and duly authorized to transact business in the State of Indiana, as Surety, are held and
firmly bound unto the State of Indiana, as Oblige, in the penal sum of \$17,149.00*****
Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Oblige accreditation to operate an
educational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:

Beginning the 5th day of June, 2004, and Ending the 5th day of June, 2005

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana
Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide
indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to
faithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented
by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or
neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title
20, Article 1, Chapter 19.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such
accredited institution shall indemnify said Oblige against all loss, cost, expenses, or damage to it caused by said Principal's
noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the
Principal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further
provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or
neglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof
as represented by the application for the accreditation and materials submitted in support of that application, or as a result of having
failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana
Code, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations
promulgated by the Commission on Proprietary Education.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in
writing to said Oblige.

Signed, sealed and dated the 24th day of May, 2004

SURETY SEAL

Center for Vital Living Inc. dba Vibrant Life Resources School of Wholistic Health
Principal

Capitol Indemnity Corporation

Surety

By _____

By Pamela Y. Majors
Pamela Y. Majors, Attorney-in-Fact

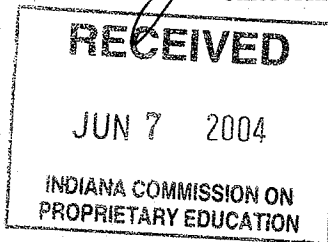
By [Signature]
Chief Administrative Officer

Attach Power of Attorney

LPM93900IN0401f


Colligan & Company, Inc.
INSURANCE AGENCY

3737 Lake Ave., P.O. Box 5177, Fort Wayne, IN 46895 (260) 424-1555



CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

10001480

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

NOT TO EXCEED \$1,500,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on this 15th day of May, 2002.

"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact; each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Treasurer, this 1st day of October, 2003.

Attest:

Thomas K. Manion

Thomas K. Manion
Treasurer



CAPITOL INDEMNITY CORPORATION

David F. Pauly

David F. Pauly
President and CEO

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

On the 1st day of October, 2003 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

Kathleen A. Paulson

Kathleen A. Paulson
Notary Public, Dane Co., WI
My Commission Expires 10-15-2006

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison, State of Wisconsin this 24th day of May, 2004



RECEIVED

James W. Smirz
James W. Smirz
Assistant Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON BLUE SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

INDIANA COMMISSION ON

CIC-002M (10-03)

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Doelling, Jennifer**

Student Date of Birth: 11/10/79

Phone: 260-705-1208

Address: 711 Sandalwood Dr
Ossian, IN 46777

Enrollment Date: 8/16/04

First Day of Class: 9/13/04

Last Date Attended: 2/7/06

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	<u>\$ 8.07</u>
Total Hours Completed:	<u>605</u>
Total Cost to Student (instructional):	<u>\$ 4,552.35</u>
Book Refund due Student:	<u>\$ 84.21</u>
Retain Enrollment Fee:	
NET Cost to Student:	<u>\$ 4,468.14</u>
Total Amount Paid:	<u>\$ 7,531.69</u>

REFUND DUE to STUDENT: \$ 3,063.55

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Jennifer Doelling 7-24-07

Print name and date

Janet Carroll

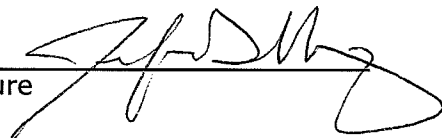
7-24-07

STUDENT

Jennifer Doelling 7-24-07

Print name and date

Signature



CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part - Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Jennifer Doelling

DATE: 8-16-04

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
	1ST YEAR	2ND YEAR		
\$6,980.00	\$228.27	\$325.58 + 3 books to purchase on own	(\$349.00)	
Book fees subject to change w/price increases beyond our control				
PAYMENT Schedule Option (circle): A B C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25/WEEK MAY BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$20 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

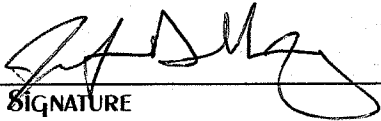
NOTICE TO BUYER

1. DO NOT sign this AGREEMENT BEFORE you READ it OR if it CONTAINS blank SPACES.
2. THIS is a LEGAL INSTRUMENT. READ the ENTIRE DOCUMENT THOROUGHLY BEFORE signing.
3. YOU ARE ENTITLED TO AN EXACT COPY of the AGREEMENT AND ANY DISCLOSURE PAGES you SIGN.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. All INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

BUYER SIGNATURE



DATE

8-16-04

This Institution is regulated by:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED by:

Signed: Janet Canell Education DIRECTOR

DATE: 8-16-04

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-16-04

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Muchler, Irina Viktorovna**

Student Date of Birth: 4/15/66

Phone: 260-316-9226

Address: 413 N West St

Angola, IN 46703

Enrollment Date: 8/16/04

First Day of Class: 9/13/04

Last Date Attended: 4/23/07

Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	<u>\$ 7.95</u>
Total Hours Completed:	<u>743</u>
Total Cost to Student (instructional):	<u>\$ 5,891.99</u>
Book Refund due Student:	<u>\$ 34.98</u>
Retain Enrollment Fee:	
NET Cost to Student:	<u>\$ 5,857.01</u>
Total Amount Paid:	<u>\$ 6,390.00</u>

REFUND DUE to STUDENT: \$ 532.99

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

7-24-07

STUDENT

07.23.07

Irina V Muchler

Print name and date

Irina V Muchler
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Irina V Muchler

DATE: 04.15.08. 08.16.04

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
	1ST YEAR	2ND YEAR		
\$6,440.00	\$215.55	\$291.66 + 3 books to purchase on own	(\$322.00)	
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE Option (circle): A/ B (C)				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25/WEEK MAY BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$20 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/>	TOUR	<input checked="" type="checkbox"/>	ICOPE CONTACT INFO	<input checked="" type="checkbox"/>	PAYMENT PLAN INFO
<input checked="" type="checkbox"/>	HANDBOOK	<input checked="" type="checkbox"/>	SCHOOL POLICIES	<input checked="" type="checkbox"/>	APPLICATION RECEIVED
<input checked="" type="checkbox"/>	REFUND POLICY	<input checked="" type="checkbox"/>	NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/>	DEPOSIT RECEIVED

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MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

[Signature]
BUYER SIGNATURE

08.16.04
DATE

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THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
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AGREEMENT ACCEPTED BY:

Signed: *[Signature]* EDUCATION DIRECTOR

DATE: 8-17-04

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-16-04

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Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339
 Surety Company: Capitol Indemnity Corporation
 Bond Period Start Date: 5-Jun-2005
 Bond Period End Date: 5-Jun-2006
 Amount of Surety: \$ 18,551.00
 Amount of Claims: \$ 32,317.54
 To be paid by Surety: \$ 18,551.00
 To be paid by CCSAF: \$ 13,766.54
 Remaining Surety: \$ -

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Ballard, Ashley Francis	27-Mar-2006	5/21/2007	No	\$ 5,689.66	\$ -	\$ 5,689.66
Christie, Patricia R.	29-Nov-2005	6/5/2007	Yes	\$ 5,427.00	\$ 5,376.19	\$ 50.81
Coil, Shawn Eugene	4-Aug-2005	4/23/2007	Yes	\$ 6,930.00	\$ 5,915.72	\$ 1,014.28
Creager, Sarah Lynn	28-Nov-2005	6/5/2007	Yes	\$ 6,750.60	\$ 2,909.14	\$ 3,841.46
Fromm, Chasity Ann	28-Apr-2006	4/23/2007	No	\$ 3,747.52	\$ -	\$ 3,747.52
Masuga, Jessica	31-Dec-2005	12/17/2006	Yes	\$ 9,731.80	\$ 7,864.08	\$ 1,867.72
Nair (Morimanno), Annette Sue	1-Jun-2006	4/23/2007	Yes	\$ 8,005.00	\$ 3,807.22	\$ 4,197.78
Richardson, Amy	30-Aug-2005	4/18/2006	Yes	\$ 6,790.00	\$ 4,021.10	\$ 2,768.90
Ross, Richard K.	31-Oct-2005	5/22/2007	Yes	\$ 6,435.00	\$ 4,946.53	\$ 1,488.47
Schaller, Jessica	9-Sep-2005	4/23/2007	No	\$ 6,790.00	\$ -	\$ 6,790.00
Vogelgesang, Shelley A.	29-Dec-2005	4/15/2007	Yes	\$ 9,703.50	\$ 8,842.56	\$ 860.94



INSTITUTIONAL SURETY BOND
STATE FORM 39284 (R3/4-01)

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

Bond No. 793339

KNOW ALL MEN BY THESE PRESENTS:

That we, Center for Vital Living Inc. dba Vibrant Life Resources, of the City
School of Wholistic Health of Fort Wayne, State of Indiana, as Principal, and
Capitol Indemnity Corporation a corporation organized under the laws of the State of
Wisconsin, and duly authorized to transact business in the State of Indiana, as Surety, are held and
firmly bound unto the State of Indiana, as Oblige, in the penal sum of \$17,149.00*****
Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Oblige accreditation to operate an
educational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:

Beginning the 5th day of June, 2005, and Ending the 5th day of June, 2006

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana
Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide
indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to
faithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented
by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or
neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title
20, Article 1, Chapter 19.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such
accredited institution shall indemnify said Oblige against all loss, cost, expenses, or damage to it caused by said Principal's
noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the
Principal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further
provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or
neglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof
as represented by the application for the accreditation and materials submitted in support of that application, or as a result of having
failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana
Code, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations
promulgated by the Commission on Proprietary Education.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in
writing to said Oblige.

Signed, sealed and dated the 18th day of July, 2005

SURETY SEAL

Center for Vital Living Inc. dba Vibrant
Life Resources School of Wholistic Health
Principal

Capitol Indemnity Corporation

Surety

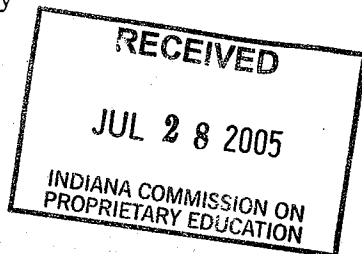
By _____

By Pamela Y. Majors
Pamela Y. Majors, Attorney-in-Fact

By Joanne D. Sharp
Chief Administrative Officer

Attach Power of Attorney

LPM93900IN0401f



Capitol INDEMNITY CORPORATION

P. O. Box 5900, Madison, WI 53705-0900

Phone: (608) 231-4450 Toll Free: (800) 475-4450

RIDER

To be attached to and form part of Bond No. LP00793339

Issued to: Center for Vital Living, Inc. dba Vibrant Life Resources School of (Principal)
Wholistic Health

In favor of: City of Fort Wayne, State of Indiana (Obligee)

It is agreed that:

- (1) The underwriter gives it consent to change the Penal Sum of the above mentioned bond as follows:

Old Penal Sum was \$17,149.00

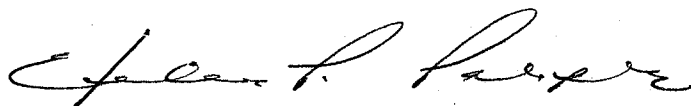
New Penal Sum is \$18,551.00

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

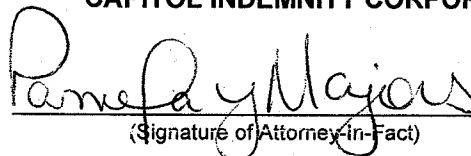
- (2) This rider is effective at 12:01 a.m. on 6-5-2005

Signed, sealed and dated 7-21-2005

CAPITOL INDEMNITY CORPORATION



(Witness)



(Signature of Attorney-in-Fact)

(Seal)

Pamela Y. Majors

(Print Name of Attorney-in-Fact and Title)

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

10025172

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

NOT TO EXCEED \$1,500,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 15th day of May, 2002.

"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Executive Vice-President, this 7th day of July, 2004.

Attest:

James J. McIntyre
James J. McIntyre
Executive Vice President



CAPITOL INDEMNITY CORPORATION

David F. Pauly
David F. Pauly
President and CEO

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 1st day of October, 2003 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

Kathleen A. Paulson
Kathleen A. Paulson
Notary Public, Dane Co., WI
My Commission Expires 10-15-2006

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison, State of Wisconsin this 21st day of July, 2005



James W. Smirz
James W. Smirz
Assistant Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON BLUE SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

CIC-002M (7-04)

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Ballard, Ashley Francis

Student Date of Birth: 5/16/88

Phone: 260-358-0756

Address: 2040 Willow Bend

Huntington, IN 46750

Enrollment Date: 3/27/06
First Day of Class: 9/11/06
Last Date Attended: 5/21/07
Graduation Date: unable to complete

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: closed before finished

Price per contact hour: _____
Total Hours Completed: 326
Total Cost to Student (instructional): _____
Book Refund due Student: \$ 246.24
Retain Enrollment Fee: _____
NET Cost to Student: _____
Total Amount Paid: \$ 5,443.42 includes application

REFUND DUE to STUDENT: \$ 5,689.24 *66*

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll 8-14-07
Print name and date

Ashley Ballard 8-14-07
Print name and date

Ashley Ballard
Signature

CENTER FOR VITAL LIVING School of MASSAGE THERAPY
6109 W. JEFFERSON Blvd, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time - 3 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Ashley Ballard

DATE: 3/27/00

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR	3RD YEAR		
\$12,320.00	\$246.24	\$315.08	\$95.93	(\$616.00)	\$12,977.25 (+\$616.00)
<i>Book fees subject to change w/price increases beyond our control</i>					
PAYMENT SCHEDULE Option (circle): A B <u>C</u>					

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 3 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

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7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 3 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Ashley Ballard
BUYER SIGNATURE

3/27/06
DATE

THIS INSTITUTION IS REGULATED BY:
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302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 272-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll EDUCATION DIRECTOR

DATE: 3-27-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-27-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Christie, Patricia R.**

Student Date of Birth: 12/29/48

Phone: 260-482-8225

Address: 5428 Cove Ct

Fort Wayne, IN 46825

Enrollment Date: 11/29/05

First Day of Class: 1/8/06

Last Date Attended: 6/5/07

Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$ 7.88
Total Hours Completed:	700
Total Cost to Student (instructional):	\$ 5,516.00
Book Refund due Student:	\$ 139.81
Retain Enrollment Fee:	
NET Cost to Student:	\$ 5,376.19
Total Amount Paid:	\$ 5,427.00

REFUND DUE to STUDENT: \$ 50.81

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq.).

CENTER FOR VITAL LIVING

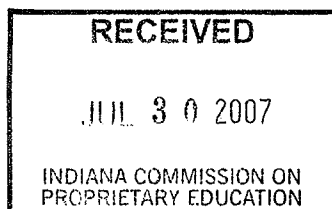
STUDENT

Janet Carroll
Print name and date

7-25-07

PATRICIA R. Christie 7/25/07
Print name and date

Patricia R. Christie
Signature



CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY

6109 W. JEFFERSON Blvd, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME:

Patricia Christie

DATE:

11-29-05

Identifiable Information other than student name
Redacted from public document

TUITION	BOOKS/MATERIALS	BOOKS/MATERIALS	5% HANDLING FEE	TOTAL
through 11/30/05	1ST YEAR	2ND YEAR		
\$6,440.00	\$233.60	\$279.09	(\$322.00)	\$6947.21 (+ \$322)
<i>Book fees subject to change w/price increases beyond our control</i>				
PAYMENT Schedule Option (circle): A B <u>C</u>				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE WILL BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. DO NOT sign this AGREEMENT before you READ it.
2. This is a LEGAL INSTRUMENT. READ THE ENTIRE DOCUMENT THOROUGHLY before signing.
3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU SIGN.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. All information is CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND policy.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Pat Christie
BUYER SIGNATURE

11-29-05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 11-29-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 11-29-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Coil, Shawn Eugene**

Student Date of Birth: 1/9/86

Phone: 419-203-6966

Address: 616 1/2 Greenwald St
Van Wert, OH 45891

Enrollment Date: 8/4/05

First Day of Class: 9/12/05

Last Date Attended: 4/23/07

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$ 8.06
Total Hours Completed:	745
Total Cost to Student (instructional):	\$ 6,004.70
Book Refund due Student:	\$ 88.98
Retain Enrollment Fee:	
NET Cost to Student:	\$ 5,915.72
Total Amount Paid:	\$ 6,930.00

REFUND DUE to STUDENT: \$ 1,014.28

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

Print name and date

7-27-07

Shawn Coil 7-27-07

Print name and date

Shawn Coil
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part - Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Shawn Cain

DATE: 8-4-05

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
	1ST YEAR	2ND YEAR		
\$6,980.00	\$246.23	\$309.78	(\$349.00)	\$7533.85 (+\$349)
Book fees subject to change w/price increases beyond our control				
PAYMENT Schedule Option (circle): A B C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25/WEEK MAY BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CML RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT

Shawn Coil
BUYER SIGNATURE

8-5-05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll EDUCATION DIRECTOR

DATE: 8-5-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-5-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Creager, Sarah Lynn**

Student Date of Birth: 1/4/74

Phone: 260-357-3977

Address: 1805 Woodview Dr

Garrett, IN 46738

Enrollment Date: 11/28/05

First Day of Class: 6/7/06

Last Date Attended: 6/5/07

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	<u>\$ 7.70</u>
Total Hours Completed:	<u>397</u>
Total Cost to Student (Instructional):	<u>\$ 3,056.90</u>
Book Refund due Student:	<u>\$ 147.76</u>
Retain Enrollment Fee:	<u></u>
NET Cost to Student:	<u>\$ 2,909.14</u>
Total Amount Paid:	<u>\$ 6,750.60</u>

REFUND DUE to STUDENT: \$ 3,841.46

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Jane Carroll

Print name and date

7-24-07

STUDENT

Sarah L Creager 7-24-07

Print name and date

Sarah L Creager

Signature

RECEIVED

JUL 30 2007

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Sarah L. Creager

DATE: 11-28-05

Identifiable Information other than student name
Redacted from public document

through 11/30/05	Tuition	Books/Materials	5% Handling Fee	Total
	\$6,790.00	561.32 \$556.02	(\$339.50)	\$7343.85 (+339.50)
Book fees subject to change w/price increases beyond our control				
Payment Schedule Option (circle): A <u>B</u>				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE WILL BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS.

All OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED <i>need picture, 1 letter</i>
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Sarah L Creager
BUYER SIGNATURE

11-28-05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education DIRECTOR

DATE: 11-29-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 11-28-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Fromm, Chasity Ann

Student Date of Birth: 7/12/85

Phone: 260-622-9128

Address: PO Box 75

Yoder, IN 46798

Enrollment Date: 4/28/06

First Day of Class: 6/7/06

Last Date Attended: 4/23/07

Graduation Date: unable to complete

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: didn't complete due to closure

Price per contact hour:	_____
Total Hours Completed:	<u>389</u>
Total Cost to Student (instructional):	_____
Book Refund due Student:	<u>\$ 233.52</u>
Retain Enrollment Fee:	_____
NET Cost to Student:	_____
Total Amount Paid:	<u>\$ 3,514.00</u>

REFUND DUE to STUDENT: \$ 3,747.52

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll 8-11-07
Print name and date

STUDENT

Chasity Fromm 8-11-2007
Print name and date
Chasity Fromm
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Chasity Cooper

DATE: April 28 2006

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR		
\$7,465.00	\$233.52	\$284.39	(\$373.25)	\$7,982.91 (+ \$373.25)
Book fees subject to change w/price increases beyond our control				
PAYMENT Schedule Option (circle): A B <u>C</u> \$271 X 29mo.				

ANY OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE

ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MESSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

/

TOUR

/

ICOPE CONTACT INFO

/

PAYMENT PLAN INFO

/

HANDBOOK

/

SCHOOL POLICIES

/

APPLICATION RECEIVED

/

REFUND POLICY

/

NON-DISCRIMINATION CLAUSE

/

DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Charity A Cooper
BUYER SIGNATURE

4-28-06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 4-28-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 4-28-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Masuga, Jessica H.**
Student Date of Birth: **3/9/74**
Phone: **574-268-8807**

Address: **6979 Pointe Inverness Way**
Fort Wayne, IN 46804

Enrollment Date: **12/31/05**
First Day of Class: **1/8/06**
Last Date Attended: **12/17/06**
Graduation Date: **1/27/07**

Program Enrolled: **AAS: Therapeutic Massage and Bodywork (full-time)**
Program Completed: **Advanced Diploma: Therapeutic Massage and Bodywork (full-time)**

Price per contact hour:	\$ 9.06
Total Hours Completed:	868
Total Cost to Student (Instructional):	\$ 7,864.08
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 7,864.08
Total Amount Paid:	\$ 9,731.80

REFUND DUE to STUDENT: \$ 1,867.72
PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-75 et seq).

CENTER FOR VITAL LIVING

Janet Carroll
Print name and date

7-26-07

STUDENT

Jessica H. Masuga 7/25/07
Print name and date

Jessica H. Masuga
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: \ TESSICA MASURA

DATE: 12/31/05

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR		
\$12,100.00	\$561.32	\$95.93	(\$605.00)	\$12,757.25+ (+\$605)
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE Option (circle): A B (C)				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

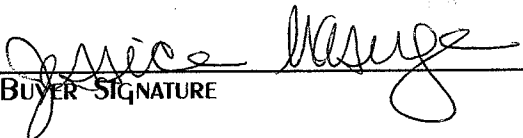
NOTICE TO BUYER

1. DO NOT sign this AGREEMENT BEFORE you READ it OR if it CONTAINS blank SPACES.
2. THIS is a LEGAL INSTRUMENT. READ the ENTIRE DOCUMENT THOROUGHLY BEFORE signing.
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6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

12/31/05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed:  Education Director

DATE: 12-31-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 12-31-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: ^{-maiden name} **Nair (Morimanno), Annette Sue**
Student Date of Birth: 4/12/77 Address: 7718 Montclair Dr
Phone: 260-414-2566 Fort Wayne, IN 46804

Enrollment Date: 6/1/06
First Day of Class: 6/7/06
Last Date Attended: 4/23/07
Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)
Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$ 9.06
Total Hours Completed:	455
Total Cost to Student (instructional):	\$ 4,122.30
Book Refund due Student:	\$ 315.08
Retain Enrollment Fee:	
NET Cost to Student:	\$ 3,807.22
Total Amount Paid:	\$ 8,005.00

REFUND DUE to STUDENT: \$ 4,197.78
PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

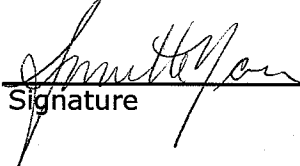
CENTER FOR VITAL LIVING

Janet Carroll
Print name and date

7-27-07

STUDENT

ANNETTE NAIR 7-26-07
Print name and date


Signature

ENROLLMENT AGREEMENT

Part - Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: ANNETTE MORIMANNO

DATE: JUNE 1, 2006

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR		
\$8,005.00	\$246.24	\$309.78	(\$400.25)	\$8,566.32 (+\$400.25)
<i>Book fees subject to change w/price increases beyond our control</i>				
PAYMENT SCHEDULE Option (circle): <u>A</u> B C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Annette Morimanno
BUYER SIGNATURE

06-03-06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 6-3-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 6.3.06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Richardson, Amy

Student Date of Birth: 7/9/82

Phone: 260-417-8604

Address: 12721 Chestnut Passway

Fort Wayne, IN 46814

Enrollment Date: 8/30/05

First Day of Class: 9/12/05

Last Date Attended: 4/18/06

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$	7.90
Total Hours Completed:		509
Total Cost to Student (instructional):	\$	4,021.10
Book Refund due Student:		
Retain Enrollment Fee:		
NET Cost to Student:	\$	4,021.10
Total Amount Paid:	\$	6,790.00

REFUND DUE to STUDENT: \$ 2,768.90

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq.).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

Print name and date

8-3-07

Amy Richardson 8/3/07

Print name and date

Amy Richardson
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Anne Richardson

DATE: 8/30/05

Identifiable Information other than student name
Redacted from public document

Tuition	Books/Materials	5% Handling Fee	Total
\$6,790.00	\$556.02	(\$339.50)	\$7343.85 (+339.50)
Book fees subject to change w/price increases beyond our control			
Payment Schedule Option (circle): A B			

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25/WEEK MAY BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS.

All OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND policy.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT

Amy Richardson
BUYER SIGNATURE

8/30/05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education DIRECTOR

DATE: 8-30-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-30-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Ross, Richard K.**

Student Date of Birth: ~~7/22/05~~ **1950**
Phone: 260-432-7924

Address: 1315 Gardenia Lane
Fort Wayne, IN 46804

Enrollment Date: 10/31/05
First Day of Class: 1/8/06
Last Date Attended: 5/22/07
Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$ 7.73
Total Hours Completed:	658
Total Cost to Student (instructional):	\$ 5,086.34
Book Refund due Student:	\$ 139.81
Retain Enrollment Fee:	
NET Cost to Student:	\$ 4,946.53
Total Amount Paid:	\$ 6,435.00

REFUND DUE to STUDENT: \$ 1,488.47

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date

7-30-07

Richard K. Ross 7/30/07
Print name and date

RK Ross
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME:

Richard Ross

DATE:

10-31-05

Identifiable Information other than student name
Redacted from public document

TUITION	BOOKS/MATERIALS	BOOKS/MATERIALS	5% HANDLING FEE	TOTAL
	1ST YEAR	2ND YEAR		
\$6,440.00	\$215.55	\$291.66 + 3 books to purchase on own	(\$322.00)	
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE OPTION (circle): A <input checked="" type="radio"/> B <input type="radio"/> C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25/WEEK MAY BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$20 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MESSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

BK [Signature]
BUYER SIGNATURE

10/31/05
DATE

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OFFICE USE ONLY

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AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 10-31-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 10-31-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Schaller, Jessica**

Student Date of Birth: 1/22/85

Phone: 260-452-9244

Address: 9952 Acorn Lane

Fort Wayne, IN 46835

Enrollment Date: 9/9/05

First Day of Class: 9/12/05

Last Date Attended: 4/23/07

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: didn't complete due to school closure

Price per contact hour:	\$ 9.00
Total Hours Completed:	493
Total Cost to Student (instructional):	\$ 4,437.00
Book Refund due Student:	\$ 159.42
Retain Enrollment Fee:	
NET Cost to Student:	\$ 4,277.58
Total Amount Paid:	\$ 6,790.00

REFUND DUE to STUDENT: \$ 2,512.42

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Saunt Carroll

Print name and date

7-31-07

Jessica Schaller 7/31/07

Print name and date

Jessica Schaller
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Jessica Schaller

DATE: 9-9-05

Identifiable Information other than student name
Redacted from public document

Tuition	Books/Materials	5% Handling Fee	Total
\$6,790.00	\$556.02	(\$339.50)	\$7343.85 (+339.50)
<i>Book fees subject to change w/price increases beyond our control</i>			
Payment Schedule Option (circle): <u>A</u> B			

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

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A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS.

All OTHER PART-TIME FEES WILL APPLY.

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MISC FEES:

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CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR

☒ HANDBOOK

☒ REFUND POLICY

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☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO

☒ APPLICATION RECEIVED

☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. Do NOT sign this agreement before you read it.
2. This is a legal instrument. Read the entire document thoroughly before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I certify that I have received a copy of the School's current Handbook, tuition payment schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement

Jessica Schaller
BUYER SIGNATURE

9-9-05
DATE

This institution is regulated by:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student.

AGREEMENT ACCEPTED by:

Signed: Janet Carroll Education Director

DATE: 9-9-05

DATE of Student Registration/Enrollment: 9-9-05

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Vogelgesang, Shelley A.**

Student Date of Birth: 9/8/60

Phone: 260-456-1548

Address: 4133 Arlington

Fort Wayne, IN 46807

Enrollment Date: 12/29/05

First Day of Class: 1/8/06

Last Date Attended: 4/15/07

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 9.06
Total Hours Completed:	976
Total Cost to Student (instructional):	\$ 8,842.56
Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	\$ 8,842.56
Total Amount Paid:	\$ 9,703.50

REFUND DUE to STUDENT: \$ 860.94

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date

7-26-07

Shelley A. Vogelgesang 7-26-07
Print name and date

Shelley A. Vogelgesang
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part-Time - 3 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: SHELLEY A. VOGELGESANG

DATE: 12-26-05

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR	3RD YEAR		
\$12,320.00	\$246.24	\$315.08	\$95.93	(\$616.00)	\$12,977.25 (+\$616.00)
<i>Book fees subject to change w/price increases beyond our control</i>					
PAYMENT SCHEDULE Option (circle): A B <u>C</u>					

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 3 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. DO NOT sign this AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS blank spaces.
2. This is a legal INSTRUMENT. Read the ENTIRE document THOROUGHLY BEFORE signing.
3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU sign.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. All information is CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND policy.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 3 YEAR CONTRACTUAL AGREEMENT TO fulfill THE 1,216 HR AAS PROGRAM REQUIREMENTS. CML HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN Advanced Diploma which allows ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. Completion of the 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT fulfill THE REQUIREMENTS OF THIS AGREEMENT.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Shelley A. Vogelguang
BUYER SIGNATURE

12-29-05
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll EDUCATION DIRECTOR

DATE: 12-29-05

DATE OF STUDENT REGISTRATION/ENROLLMENT: 12-29-05

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Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339
 Surety Company: Capitol Indemnity Corporation
 Bond Period Start Date: 5-Jun-2006
 Bond Period End Date: 5-Jun-2007
 Amount of Surety: \$ 16,136.00
 Amount of Claims: \$ 12,003.67
 To be paid by Surety: \$ 12,003.67
 To be paid by CCSAF: \$ -
 Remaining Surety: \$ 4,132.33

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Avila, Gloria C.	29-Mar-2007	DNA	No	\$ 605.00	\$ -	\$ 605.00
Baker, Jessica Lynn	3-Aug-2006	DNA	No	\$ 800.00	\$ 100.00	\$ 700.00
Broda, Dawn	27-Dec-2006	4/22/2007	No	\$ 866.46	\$ -	\$ 866.46
Coburn, Kyra	22-Mar-2007	DNA	No	\$ 212.00	\$ -	\$ 212.00
Cook, Jeannette	22-Dec-2006	4/23/2007	No	\$ 1,868.83	\$ -	\$ 1,868.83
Eckert, Diane	9-Apr-2007	DNA	No	\$ 50.00	\$ -	\$ 50.00
Farmer, Melissa	14-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Gall, Whitney	29-Mar-2007	DNA	No	\$ 199.00	\$ -	\$ 199.00
Gross, Natalie	15-Mar-2007	DNA	No	\$ 200.00	\$ -	\$ 200.00
Harshbarger, Julie Jean	17-Aug-2006	5/21/2007	Yes	\$ 5,122.56	\$ 5,032.62	\$ 89.94
Kaiser, Alisia	26-Mar-2007	DNA	No	\$ 225.00	\$ -	\$ 225.00
Kline, Kristen	31-Mar-2007	DNA	No	\$ 212.00	\$ -	\$ 212.00
Maxson, Jennifer, Helen	6-Sep-2006	5/21/2007	Yes	\$ 7,980.00	\$ 5,725.02	\$ 2,254.98
McGill, Sandra L.	28-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Navarro, Delia	14-Mar-2007	DNA	No	\$ 320.00	\$ -	\$ 320.00
Ross, Amanda	28-Jul-2006	DNA	No	\$ 603.00	\$ 100.00	\$ 503.00
Shoppell, Dawn	28-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Snidle, Robin Freedom	12-Aug-2006	5/21/2007	Yes	\$ 5,734.00	\$ 5,519.16	\$ 214.84
Wolfe, Diana Sue	2-Jan-2007	4/23/2007	No	\$ 2,537.62	\$ -	\$ 2,537.62



INSTITUTIONAL SURETY BOND
STATE FORM 39284 (R3/4-01)

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION**

Bond No. 793339

KNOW ALL MEN BY THESE PRESENTS:

That we, Center for Vital Living Inc., dba Vibrant Life Resources School of Wholistic Health, of the City of Fort Wayne, State of Indiana, as Principal, and Capitol Indemnity Corporation, a corporation organized under the laws of the State of Wisconsin, and duly authorized to transact business in the State of Indiana, as Surety, are held and firmly bound unto the State of Indiana, as Obligee, in the penal sum of \$18,551.00***** Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee accreditation to operate an educational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:

Beginning the 5th day of June, 2006, and Ending the 5th day of June, 2007

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 20, Article 1, Chapter 19.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such accredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the Principal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and materials submitted in support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations promulgated by the Commission on Proprietary Education.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the 16th day of May, 2006

SURETY SEAL

Center for Vital Living Inc. dba Vibrant Life Resources School of Wholistic Health

Principal

Capitol Indemnity Corporation

Surety

By

By

Helen P. Parker, Attorney-in-Fact

By

Jeannette Sharp
Chief Administrative Officer

Attach Power of Attorney

LPM93900IN0401f

RECEIVED

JUL 05 2006

INDIANA COMMISSION ON
PROPRIETARY EDUCATION



Capitol INDEMNITY CORPORATION

1600 Aspen Commons, Middleton, WI 53562, P.O. Box 5900 Madison, WI 53705-0900

Phone: (608) 829-4200

RIDER

To be attached to and form part of Bond No. 793339

Issued to: Center for Vital Living, Inc. dba Vibrant Life Resources School of Wholistic Health
(Principal)

In favor of: State Of Indiana (Obligee)

It is agreed that:

- (1) The underwriter gives it consent to change the Penal Sum of the above mentioned bond as follows:

Old penal sum was Eighteen Thousand Five Hundred Fifty One and XX/100
Dollars

New penal sum is Sixteen Thousand One Hundred Thirty Six and 36/100 Dollars

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

- (2) This rider is effective as of 12:01am on June 5, 2006.

Signed, sealed and dated this 20th day of June, 2006.

CAPITOL INDEMNITY CORPORATION

BY: Pamela Y. Majors
Pamela Y. Majors, Attorney-in-Fact

IMPORTANT

This Endorsement forms a part of your Policy and should be attached to the same. Please DO NOT FAIL to have this done.

RECEIVED

JUL 05 2006

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

**CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY**

10040689

KNOW ALL MEN BY THESE PRESENTS, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU, PAMELA Y. MAJORS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT: \$1,500,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May, 2002.

"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of February, 2005.

Attest:

James J. McIntyre
James J. McIntyre
Executive Vice President



CAPITOL INDEMNITY CORPORATION

David F. Pauly
David F. Pauly
President and CEO

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 1st day of February, 2005 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

Kathleen A. Paulson
Kathleen A. Paulson
Notary Public, Dane Co., WI
My Commission Expires 10-15-2006

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison, State of Wisconsin this 20th day of June, 2006.



Alan A. Ogilvie
Alan A. Ogilvie
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON BLUE SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

CICW-POA (2-05)



Capitol INDEMNITY CORPORATION

1600 Aspen Commons, Middleton, WI 53562, P.O. Box 5900 Madison, WI 53705-0900

Phone: (608) 829-4200

RIDER

To be attached to and form part of Bond No. 793339

Issued to: Center for Vital Living, Inc. dba Vibrant Life Resources School of Wholistic Health
(Principal)

In favor of: State Of Indiana (Obligee)

It is agreed that:

- (1) The underwriter gives it consent to change the Principal Name of the above mentioned bond as follows:

Old Principal Name was Center for Vital Living, Inc. dba Vibrant Life Resources School of Wholistic Health

New Principal Name is Center for Vital Living, Inc.

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

- (2) This rider is effective as of 12:01am on June 5, 2006.

Signed, sealed and dated this 20th day of June, 2006.

CAPITOL INDEMNITY CORPORATION

BY: Pamela Y. Majors
Pamela Y. Majors / Attorney-in-Fact

IMPORTANT

This Endorsement forms a part of your Policy and should be attached to the same. Please DO NOT FAIL to have this done.

RECEIVED

JUL 05 2006

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

10040690

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU, PAMELA Y. MAJORS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT: \$1,500,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 15th day of May, 2002.

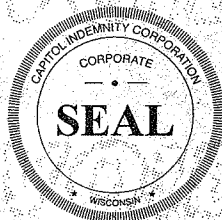
"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of February, 2005.

Attest:

James J. McIntyre

James J. McIntyre
Executive Vice President



CAPITOL INDEMNITY CORPORATION

David F. Pauly

David F. Pauly
President and CEO

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 1st day of February, 2005 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

Kathleen A. Paulson

Kathleen A. Paulson
Notary Public, Dane Co., WI
My Commission Expires 10-15-2006

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison, State of Wisconsin this 20th day of June, 2006



Alan A. Ogilvie

Alan A. Ogilvie
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON BLUE SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

CICW-POA (2-05)

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Avila, Gloria C.**

Student Date of Birth: 8/1/84

Phone: 260-672-1404

Address: 336 Clark St

Roanoke, IN 46783

Enrollment Date: 3/29/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____
Total Hours Completed: 0
Total Cost to Student (instructional): _____
Book Refund due Student: _____
Retain Enrollment Fee: _____
NET Cost to Student: _____
Total Amount Paid: \$ 605.00

REFUND DUE to STUDENT: \$ 605.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

7-31-07

STUDENT

Gloria C. Avila 7-31-07

Print name and date

Gloria C. Avila
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON Blvd, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Gloria C. Avila

DATE: 3/29/07

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	15% Handling Fee	TOTAL T+H
	1ST YEAR	2ND YEAR		
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$12,100+\$1,815= \$13,915
Book fees subject to change w/price increases beyond our control				
PAYMENT for 48 MONTH plan: \$290/MO x 48MOS				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE

ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. Do NOT sign this AGREEMENT before you read it or if it contains blank spaces.
2. This is a legal instrument. Read the entire document thoroughly before signing.
3. You are entitled to an exact copy of the AGREEMENT and any disclosure pages you sign.
4. Every assignee of the AGREEMENT takes it subject to all claims and defenses of the buyer or his successors in interest arising under this AGREEMENT.
5. This AGREEMENT and the School Handbook constitute the entire AGREEMENT between the buyer and the School.
6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I certify that I have received a copy of the School's current Handbook, tuition payment schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

I also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 HR AAS Program requirements. CVL honors the completion of the 859 HR Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 HR or 859 HR Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Buyer Signature

DATE

3/28/07

This Institution is regulated by:
the Indiana Commission on Proprietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use Only

I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student.

Agreement accepted by:

Signed: Janet Carroll Education Director

DATE: 3-29-07

DATE of Student Registration/Enrollment: 3-29-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Baker, Jessica Lynn**

Student Date of Birth: 11/24/86

Phone: 260-667-0518

Address: 5118 Truemper Way, Apt 1
Fort Wayne, IN 46835

Enrollment Date: 8/3/06

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Retain Enrollment Fee: \$ 100.00 per Commissioner Weber

NET Cost to Student: _____

Total Amount Paid: \$ 800.00

REFUND DUE to STUDENT: \$ 700.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

7-26-07

STUDENT

Jessica L. Baker 7-25-07

Print name and date

Jessica L. Baker 7-25-07

Signature

CENTER FOR VITAL LIVING School of MASSAGE THERAPY

6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804

(260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Jessica Baker

DATE: 8-3-00

Identifiable Information other than student name
Redacted from public document

from 12/1/05

Tuition	Books/MATERIALS	5% HANDLING FEE	TOTAL
\$7,785.00	\$561.32	(\$389.25)	\$8,346.32 + (389.25)
<i>Book fees subject to change w/price increases beyond our control</i>			
PAYMENT SCHEDULE Option (circle): A (B)			

Payments
\$481 x 17mo.
beginning
8/06

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$75 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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NOTICE TO BUYER

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3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU SIGN.
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5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Janece Baker
BUYER SIGNATURE

8-3-06
DATE

Janece Baker has my permission to receive information.

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 8-3-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-3-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Broda, Dawn

Student Date of Birth: 10/23/65

Phone: 260-418-3812

Address: 4708 Kyle Rd

Fort Wayne, IN 46809

Enrollment Date: 12/27/06

First Day of Class: 1/7/07

Last Date Attended: 4/22/07

Graduation Date: unable to complete

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: closed before finished

Price per contact hour:	_____
Total Hours Completed:	<u>174</u>
Total Cost to Student (instructional):	_____
Book Refund due Student:	<u>\$ 31.80</u>
Retain Enrollment Fee:	_____
NET Cost to Student:	_____
Total Amount Paid:	<u>\$ 834.66</u>

REFUND DUE to STUDENT: \$ 866.46

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

8-11-07

Print name and date

Dawn Broda

8-11-2007

Print name and date

Dawn R Broda
Signature

ENROLLMENT AGREEMENT

Part - Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Dawn Broda DATE: 2/27/06

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	Handling Fee	TOTAL
	1ST YEAR	2ND YEAR	15%	
\$8,005.00	\$246.24	\$309.78	1200.75	8005.00(T) +1200.75(H) = 9205.75
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE Option (circle): A ^{48mo.} (B) C				T=163.20 H=28.80 = \$192/mo for 48mo

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MESSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

<input checked="" type="checkbox"/> TOUR	<input checked="" type="checkbox"/> ICOPE CONTACT INFO	<input checked="" type="checkbox"/> PAYMENT PLAN INFO
<input checked="" type="checkbox"/> HANDBOOK	<input checked="" type="checkbox"/> SCHOOL POLICIES	<input checked="" type="checkbox"/> APPLICATION RECEIVED
<input checked="" type="checkbox"/> REFUND POLICY	<input checked="" type="checkbox"/> NON-DISCRIMINATION CLAUSE	<input checked="" type="checkbox"/> DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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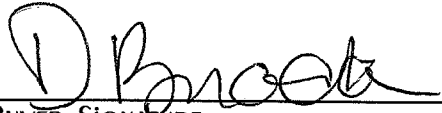
NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
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7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

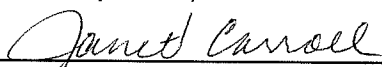
12/27/06
DATE

This Institution is regulated by:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed:  EDUCATION DIRECTOR

DATE: 12-27-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 12-27-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Coburn, Kyra**

Student Date of Birth: 7/12/88

Phone: 260-495-3021

Address: PO Box 53

Fremont, IN 46737

Enrollment Date: 3/22/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Retain Enrollment Fee: _____

NET Cost to Student: _____

Total Amount Paid: \$ 212.00

REFUND DUE to STUDENT: \$ 212.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

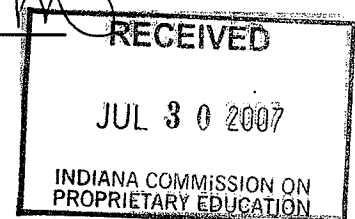
STUDENT

Jane Carroll
Print name and date

7-25-07

Kyra M. Coburn 7/24/07
Print name and date

Kyra M. Coburn
Signature



CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Kyra Coburn

DATE: 3-12-07

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	15% HANDLING FEE	TOTAL (T+H)
\$7,785.00	\$561.32	\$1,168.00	\$7785 + (\$1168)= \$8953
<i>Book fees subject to change w/price increases beyond our control</i>			
PAYMENT SCHEDULE Option (circle): A <input checked="" type="radio"/> 187/mo x 48 months			

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Kynda Coburn
BUYER SIGNATURE

3-12-07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: *Janet Carroll* EDUCATION DIRECTOR

DATE: 3-12-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-22-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Cook, Jeannette**

Student Date of Birth: 7/23/53

Phone: 260-639-6245

Address: 16610 Comer Rd

Fort Wayne, IN 46819

Enrollment Date: 12/22/06

First Day of Class: 1/7/07

Last Date Attended: 4/23/07

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before finished

Price per contact hour: _____

Total Hours Completed: 272

Total Cost to Student (instructional): _____

Book Refund due Student: \$ 560.31

Retain Enrollment Fee: _____

NET Cost to Student: _____

Total Amount Paid: \$ 1,308.52

REFUND DUE to STUDENT: \$ 1,868.83

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll 8/11/07

Print name and date

Jeannette Cook 8/13/07

Print name and **date**

Jeannette Cook
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Jeannette Cook

DATE: 12/22/06

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	5% HANDLING FEE	TOTAL
\$7,785.00	\$561.32	(\$389.25)	\$8,346.32 + (389.25)
Book fees subject to change w/price increases beyond our control			
Payment Schedule Option (circle): A B			

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION. *Tuition*

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE. *Payment*

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

\$ 180.52/MO

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All OTHER PART-TIME FEES WILL APPLY.

x 48 mo.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

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7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Jeannette F. Cook
BUYER SIGNATURE

12-22-06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Paul Carroll Education Director

DATE: 12-22-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 12-22-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

**Final Refund Acceptance Agreement
Continuing Education**

STUDENT NAME: Eckert, Diane
Student Date of Birth: unknown
Phone: 317-809-2052

Address: 253 N Arsenal Ave
Indianapolis, IN 46201

Registration Date: 4/9/07
Full amount paid: \$50.00
Class cancelled: due to closure

Course Enrolled: Precision Neuromuscular Therapy - Upper Extremity

Total Hours Completed: 0
Total Amount Paid: \$50.00

REFUND DUE to STUDENT: \$50.00

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

DIANE ECKERT

Print name and date

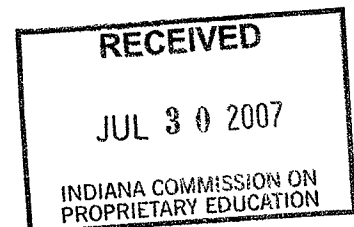
7/17/07
Janet Carroll
7-24-07

STUDENT

DIANE ECKERT

Print name and date

Diane Eckert
Signature



0024

CUSTOMER'S ORDER NO.		DEPT.	DATE: 4-9-07			
NAME: <u>DIANE ECKERT</u>						
ADI	Identifiable Information other than student name Redacted from public document					
CIT						
SOLD BY:	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RTD.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			3/07 class
2	NMT MIDWEST class		5 th 10.00
3	Bal. 28 from MAR. class		
4			
5	Deposit for NMT		\$50.00
6	MAY class	Refund	
7			
8	CH# 2265	due to	closure
9			
10			
11			
12			
13			
14			
15			

RECEIVED BY: [Signature]

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Farmer, Melissa**
Student Date of Birth: 2/25/70 Address: PO Box 252
Phone: 260-479-7697 Waterloo, IN 46793

Enrollment Date: 3/14/07
First Day of Class:
Last Date Attended:
Graduation Date:

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)
Program Completed: closed before starting

Price per contact hour: _____
Total Hours Completed: 0
Total Cost to Student (instructional): _____
Book Refund due Student: _____
Retain Enrollment Fee: _____
NET Cost to Student: _____
Total Amount Paid: \$ 315.00

REFUND DUE to STUDENT: \$ 315.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount consistent with the original enrollment agreement. If the account balance reflects that a refund is due to the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll
Print name and date

1-30-07

STUDENT

Melissa Farmer 27
Print name and date

Melissa Farmer
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Melissa Farmer

DATE: 14 March 07

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	15% HANDLING FEE	TOTAL T+H
	1ST YEAR	2ND YEAR		
\$12,100.00	(PAID BY CVL) \$561.32	\$95.93	(\$1,815.00)	\$12,100+\$1,815= \$13,915
<i>Book fees subject to change w/price increases beyond our control</i>				
PAYMENT FOR 48 MONTH plan: \$290/MO x 48MOS				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

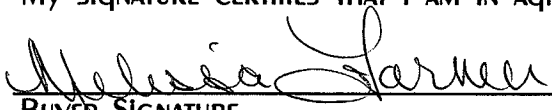
NOTICE TO BUYER

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2. THIS IS A LEGAL INSTRUMENT. READ THE ENTIRE DOCUMENT THOROUGHLY BEFORE SIGNING.
3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU SIGN.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO fulfill the 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT fulfill THE REQUIREMENTS OF THIS AGREEMENT.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

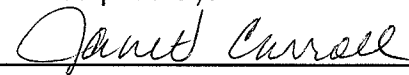
14 March 07
DATE

THIS INSTITUTION IS REGULATED BY:
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302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

Office Use Only

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed:  Education Director

DATE: 3-14-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-14-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Gall, Whitney S.**

Student Date of Birth: 12/20/86

Phone: 574-457-4975

Address: 13793 US 6

Syracuse, IN 46567

Enrollment Date: 3/29/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____
Total Hours Completed: 0
Total Cost to Student (instructional): _____
Book Refund due Student: _____
Retain Enrollment Fee: _____
NET Cost to Student: _____
Total Amount Paid: \$ 199.00

REFUND DUE to STUDENT: \$ 199.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

8-13-07

STUDENT

Whitney S. Gall 8/13/06

Print name and date

Whitney S. Gall
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON Blvd, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Whitney S. Gall

DATE: 3/29/07

Identifiable Information other than student name
Redacted from public document

TUITION	BOOKS/MATERIALS	15% HANDLING FEE	TOTAL T+H
\$7,245.00	\$517.91	\$1,087.00	\$7,245 (+\$1087)= \$8332
Book fees subject to change w/price increases beyond our control			
PAYMENT SCHEDULE: \$174/ MONTH X 48 MONTHS T=147.90 H=26.10			

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

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THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

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7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR ±10% HANDLING FEE

I CERTIFY THAT I HAVE RECEIVED A COPY OF 623
SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASS 801
AND REFUND PAYMENT SCHEDULE: \$350/MO X 24 MOS

$\$7,785 + (\$623) = \$8408$

$\$8,005 \quad (+\$801) = \$8,805$

PAYMENT SCHEDULE: \$245/ MONTH X 36 MONTHS

Whitney S. Zell
BUYER SIGNATURE

3/29/07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE
PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: Janet Carroll Education Director

DATE: 3-29-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-29-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

**Final Refund Acceptance Agreement
Continuing Education**

STUDENT NAME: Gross, Natalie

Student Date of Birth: unknown

Phone: 317-363-9984

Address: 9074 Rider Dr

Fishers, IN 46038

Registration Date: 3/15/07

Full amount paid: \$200.00

Class cancelled: due to closure

Course Enrolled: Precision Neuromuscular Therapy - Upper Extremity

Total Hours Completed: 0

Total Amount Paid: \$ 200.00

REFUND DUE to STUDENT: \$ 200.00

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

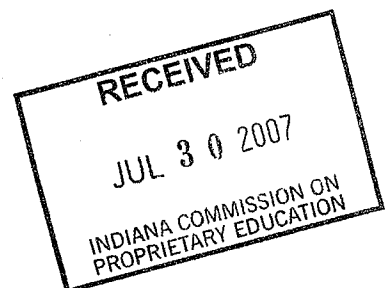
7-25-07

STUDENT

Natalie Gross 7/23/07

Print name and date

Natalie Gross
Signature



0002

CUSTOMER'S ORDER NO.		DEPT.	DATE: 3/15/07
NAME: <i>Natalie Gross</i>			
ADDRESS: <div style="border: 1px solid black; padding: 5px; text-align: center;">Identifiable Information other than student name Redacted from public document</div>			
CITY, STATE:			
SOLD BY: <i>HL</i>	CASH	C.O.D.	CHARGE <input checked="" type="checkbox"/> <small>FOR ACCT. PAYABLE</small>
			PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			
2	<i>deposit for</i>		
3	<i>PNMT</i>		<i>200.00</i>
4			
5			
6	<i>VISA</i>		<i>200.00</i>
7			
8			
9			
10			
11			
12			
13			
14			
15			

refund due to closure

ENTER FOR VITAL LIV...
3109 West Jefferson Blvd.
Fort Wayne IN 46804
(260) 436-8807

RECEIVED BY:

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Harshbarger, Julie Jean**

Student Date of Birth: 3/24/56

Phone: 260-485-3801

Address: 6207 Hunter Wood Dr
Fort Wayne, IN 46835

Enrollment Date: 8/17/06
First Day of Class: 9/11/06
Last Date Attended: 5/21/07
Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 8.86
Total Hours Completed:	576
Total Cost to Student (instructional):	\$ 5,121.60
Book Refund due Student:	\$ 88.98
Other:	\$ -
NET Cost to Student:	\$ 5,032.62
Total Amount Paid:	\$ 5,122.56

REFUND DUE to STUDENT: \$ 89.94

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll 7-12-07
Print name and date

Julie Harshbarger 7/12/07
Print name and date
Julie Harshbarger
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD., FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Julie Harshbarger

DATE: 8/17/06

Identifiable Information other than student name
Redacted from public document

from 12/1/05

Tuition	Books/MATERIALS	5% HANDLING FEE	TOTAL
\$7,245.00	\$517.91	(\$362.25)	\$7,762.91 (+\$362.25)
Book fees subject to change w/price increases beyond our control			
PAYMENT SCHEDULE OPTION (circle): A (B)			

app. Fee waived
\$25 off 1st payment
1st pmt \$560
12 pmt \$584/mo

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS.

ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY
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☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Julie Hasechug
BUYER SIGNATURE

8/17/06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: Janet Carroll Education Director

DATE: 8-17-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-17-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

**Final Refund Acceptance Agreement
Continuing Education**

STUDENT NAME: Kaiser, Alisia

Student Date of Birth: unknown
Phone: 260-868-5007

Address: PO Box 71
Butler, IN 46721

Registration Date: 3/26/07
Full amount paid: \$225.00
Class cancelled: due to closure

Course Enrolled: Reflexology

Total Hours Completed: 0
Total Amount Paid: \$ 225.00

REFUND DUE to STUDENT: \$ 225.00

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Alisia Kaiser
Print name and date

Nant Carroll
7-26-07

STUDENT

Alisia Kaiser
Print name and date

Alisia Kaiser
Signature

181776

ORDER INFO	customer's order no.	phone	date
	name		3-26-07
	ALISA KAISER		
	address		
	city, state, zip		
sold by		cash <input type="checkbox"/> c.o.d. <input type="checkbox"/>	charge <input type="checkbox"/> on acct. <input type="checkbox"/>
shipping information			

quantity	description	price	amount
1			
2	Reflexology class		
3			
4	may 12-13		225 ⁰⁰
5			
6	PAID w Full		
7			
8			
9			
10	Refund due		
11	to closure		
12			
13			
14			

received by

adams

keep this slip for reference

DC5808UV

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Kline, Kristen
Student Date of Birth: 11/3/87
Phone: 260-782-2420

Address: 2060 N 300 E
Wabash, IN 46992

Enrollment Date: 3/31/07
First Day of Class:
Last Date Attended:
Graduation Date:

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)
Program Completed: closed before starting

Price per contact hour: _____
Total Hours Completed: 0
Total Cost to Student (instructional): _____
Book Refund due Student: _____
Retain Enrollment Fee: _____
NET Cost to Student: _____
Total Amount Paid: \$ 212.00

REFUND DUE to STUDENT: \$ 212.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-75 et seq.).

CENTER FOR VITAL LIVING

Kristen Kline 8/2/07
Print name and date

Janet Carroll
8-6-07

STUDENT

Kristen Kline 8/2/07
Print name and date

Kristen Kline
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Krista M

DATE: 3.31.07

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	15% HANDLING FEE	TOTAL
\$7,785.00	Early enrollment incentive - Books Free	\$1,167.75	\$7,785.32 + 1,167.75
Book fees subject to change w/price increases beyond our control			
PAYMENT SCHEDULE OPTION (circle): 48 MONTH			

payments -
\$187.00/mo.

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT.
2. THIS IS A LEGAL INSTRUMENT. READ THE ENTIRE DOCUMENT THOROUGHLY BEFORE SIGNING.
3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU SIGN.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.



BUYER SIGNATURE

3-31-07

DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll

EDUCATION DIRECTOR

DATE: 3-31-07

DATE OF STUDENT REGISTRATION/ENROLLMENT:

3-31-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Maxson, Jennifer Helen**

Student Date of Birth: 3/4/62

Phone: 517-617-2149

Address: 13711 Iyopawa Island
Coldwater, MI 49036

Enrollment Date: 9/6/06

First Day of Class: 9/11/06

Last Date Attended: 5/21/07

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour:	\$ 9.00
Total Hours Completed:	646
Total Cost to Student (instructional):	\$ 5,814.00
Book Refund due Student:	\$ 88.98
Retain Enrollment Fee:	
NET Cost to Student:	\$ 5,725.02
Total Amount Paid:	\$ 7,980.00

REFUND DUE to STUDENT: \$ 2,254.98

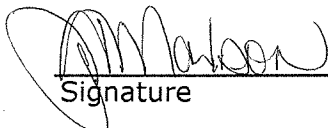
PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date
8.2.07

Jennifer H Maxson 07/31/07
Print name and date

Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON Blvd, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: JENNIFER H. MAXSON

DATE: 09/06/06

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR		
\$12,100.00	571.92 ^Q \$561.32	\$95.93	(\$605.00)	\$12,757.25+ (+\$605)
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE Option (circle): A B C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHlite OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR

☒ HANDBOOK

☒ REFUND POLICY

☒ ICOPE CONTACT INFO

☒ SCHOOL POLICIES

☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO

☒ APPLICATION RECEIVED

☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

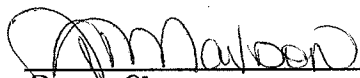
NOTICE TO BUYER

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7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

09/06/06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: Janet Carroll

EDUCATION DIRECTOR

DATE: 9-6-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 9-6-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **McGill, Sandra L.**

Student Date of Birth: 12/15/53

Phone: 260-672-8742

Address: 3065 E SR 114-92

Roanoke, IN 46783

Enrollment Date: 3/28/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Retain Enrollment Fee: _____

NET Cost to Student: _____

Total Amount Paid: \$ 315.00

REFUND DUE to STUDENT: \$ 315.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll

Print name and date

7.24.07

Sandra L. McGill 07/21/07

Print name and date

Sandra L. McGill
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Sandra L. McGill

DATE: March 28, 2007

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	15% Handling Fee	TOTAL T+H
	1ST YEAR	2ND YEAR		
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$12,100.00+ (\$1815)=\$13,915
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE: \$290/MO x 48 MONTHS				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Sandra L. McGill
BUYER SIGNATURE

03/28/07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll Education Director

DATE: 3-28-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-28-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Navarro, Delia

Student Date of Birth: 4/29/67

Phone: 574-267-7765

Address: 1120 N Arbutus Trail

Warsaw, IN 46580

Enrollment Date: 3/14/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Retain Enrollment Fee: _____

NET Cost to Student: _____

Total Amount Paid: \$ 320.00

REFUND DUE to STUDENT: \$ 320.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

7-24-07

STUDENT

DELIA NAVARRO 07-19-07

Print name and date

Delia Navarro
Signature

RECEIVED

JUL 30 2007

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

Books paid
by CVL if
enrolled by MAR 30th
and eligible for \$1000
Scholarship drawing

ENROLLMENT AGREEMENT

Part-Time - 3 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Delia Navarro

DATE: 03-14-07

Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR	3RD YEAR		
\$12,320.00	\$246.24	\$315.08	\$95.93	(\$616.00)	\$12,977.25 (+\$616.00)
Book fees subject to change w/price increases beyond our control					
Payment Schedule Option (circle): A B <u>C</u>					

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION. 48 month
Payments.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE. at \$295/Month

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 3 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS. Tuition 250.75
Handling 44.25

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE

ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MESSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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NOTICE TO BUYER

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I ALSO CERTIFY THAT I AM AWARE THIS IS A 3 YEAR CONTRACTUAL AGREEMENT TO fulfill THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT fulfill THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

03-02-07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: Janet Carroll EDUCATION DIRECTOR

DATE: 3-14-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-14-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Ross, Amanda**

Student Date of Birth: 4/21/79

Phone: 419-542-6946

Address: 7040 Cicero Rd

Hicksville, OH 43526

Enrollment Date: 7/28/06

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Retain Enrollment Fee: \$ 100.00 per Commissioner Weber

NET Cost to Student: _____

Total Amount Paid: \$ 603.00

REFUND DUE to STUDENT: \$ 503.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date

7-26-07

Amanda Ross 7-18-07
Print name and date

Amanda Ross
Signature

CENTER FOR VITAL LIVING SCHOOL of MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Part - Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Amanda Ross

DATE: 7-28-06

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Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
from 12/1/05	1ST YEAR	2ND YEAR		
\$8,005.00	\$246.24	\$309.78	(\$400.25)	\$8,566.32 (+\$400.25)
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE OPTION (circle): A B C				

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

THE BUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY AFTER THIS AGREEMENT IS SIGNED BY BUYER AND THE BUYER IS ACCEPTED BY THE SCHOOL.

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO
THE EDUCATION DIRECTOR AT THE ABOVE ADDRESS.

NOTICE TO BUYER

1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT.
2. THIS IS A LEGAL INSTRUMENT. READ THE ENTIRE DOCUMENT THOROUGHLY BEFORE SIGNING.
3. YOU ARE ENTITLED TO AN EXACT COPY OF THE AGREEMENT AND ANY DISCLOSURE PAGES YOU SIGN.
4. EVERY ASSIGNEE OF THE AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE BUYER OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Amanda Ross
BUYER SIGNATURE

7/28/06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: Janet Carroll Education Director

DATE: 7-31-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 7-31-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Shoppell, Dawn**

Student Date of Birth: 4/13/70

Phone: 260-748-4528

Address: 1805 Folsom Lane

Fort Wayne, IN 46815

Enrollment Date: 3/28/07

First Day of Class:

Last Date Attended:

Graduation Date:

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour: _____

Total Hours Completed: 0

Total Cost to Student (instructional): _____

Book Refund due Student: _____

Other: \$ -

NET Cost to Student: _____

Total Amount Paid: \$ 315.00

REFUND DUE to STUDENT: \$ 315.00

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

STUDENT

Janet Carroll
Print name and date

7-20-07

Dawn Shoppell 7-18-07
Print name and date

Dawn Shoppell
Signature

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Dawn Shoppell

DATE: 3.28.07

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Identifiable Information other than student name
Redacted from public document

Tuition	Books/MATERIALS	Books/MATERIALS	15% HANDLING FEE	TOTAL T+H
	1ST YEAR	2ND YEAR		
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$12,100.00+ (\$1815)=\$13,915
Book fees subject to change w/price increases beyond our control				
PAYMENT SCHEDULE: \$290/MO x 48 MONTHS				

Book fees
paid by
CVL if
enrolled
by March
30th 2007.
SD

Any OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

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☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

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☒ DEPOSIT RECEIVED

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I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

Don Shoppell
BUYER SIGNATURE

3-28-07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

Signed: *Janet Carroll* Education Director

DATE: 3-28-07

DATE OF STUDENT REGISTRATION/ENROLLMENT: 3-28-07

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: Snidle, Robin Freedom

Student Date of Birth: 7/21/71

Phone: 260-357-0180

Address:

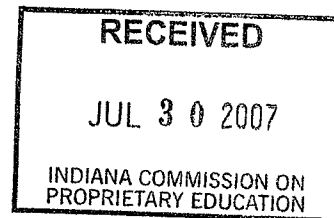
512 S. Guilford
St
Garrett, IN
46738

Enrollment Date: 8/12/06
First Day of Class: 9/11/06
Last Date Attended: 5/21/07
Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Price per contact hour:	\$ 9.06
Total Hours Completed:	619
Total Cost to Student (instructional):	\$ 5,608.14
Book Refund due Student:	\$ 88.98
Retain Enrollment Fee:	
NET Cost to Student:	\$ 5,519.16
Total Amount Paid:	\$ 5,734.00



REFUND DUE to STUDENT: \$ 214.84

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

7-24-07

STUDENT

Robin Snidle 7/24/07

Print name and date

[Signature]

Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Robin Freedom Snidle DATE: 8/12/06

Identifiable Information other than student name
Redacted from public document

com

Tuition	Books/MATERIALS	Books/MATERIALS	5% HANDLING FEE	TOTAL
	1ST YEAR	2ND YEAR		
\$12,100.00	\$581.32	\$95.93	(\$605.00)	\$12,757.25+ (+\$605)

Book fees subject to change w/price increases beyond our control

PAYMENT SCHEDULE OPTION (CIRCLE): A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MM MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TT TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UU UV UW UX UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YY YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS.
All other PART-TIME fees will apply.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

☒ TOUR
☒ HANDBOOK
☒ REFUND POLICY

☒ ICOPE CONTACT INFO
☒ SCHOOL POLICIES
☒ NON-DISCRIMINATION CLAUSE

☒ PAYMENT PLAN INFO
☒ APPLICATION RECEIVED
☒ DEPOSIT RECEIVED

BUYER'S RIGHT TO CANCEL

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I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN ADVANCED DIPLOMA WHICH ALLOWS ME TO BEGIN MY BUSINESS UPON COMPLETION OF THOSE REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS DOES NOT FULFILL THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.


BUYER SIGNATURE

8/12/06
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED: Janet Carroll Education Director

DATE: 8-12-06

DATE OF STUDENT REGISTRATION/ENROLLMENT: 8-12-06

CENTER FOR VITAL LIVING School of Massage Therapy
6109 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Wolfe, Diana Sue**

Student Date of Birth: 8/22/75

Phone: 260-~~827-0979~~

260-273-9897

Enrollment Date: 1/2/07

First Day of Class: 1/7/07

Last Date Attended: 4/23/07

Graduation Date:

Address: 1424 W. Central Ave
~~433 Cedar Rd~~
Bluffton IN 46714

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before finished

Price per contact hour:	
Total Hours Completed:	239
Total Cost to Student (instructional):	
Book Refund due Student:	\$ 400.00
Retain Enrollment Fee:	
NET Cost to Student:	
Total Amount Paid:	\$ 2,137.62 includes application

REFUND DUE to STUDENT: \$ 2,537.62

PAYMENT DUE to SCHOOL: _____

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 *et seq*).

CENTER FOR VITAL LIVING

Janet Carroll 8-11-07
Print name and date

STUDENT

Diana Wolfe 08/11/07
Print name and date

Diana S. Wolfe
Signature

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY
6109 W. JEFFERSON BLVD, FORT WAYNE, IN 46804 (260) 436-8807

ENROLLMENT AGREEMENT

Full-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Diana S. Wolfe

DATE: 01/02/07

Identifiable Information other than student name
Redacted from public document

TUITION	BOOKS/MATERIALS	HANDLING FEE 15%	TOTAL
\$7,245.00	\$511.60	\$ 1,086.75	\$ 8,331.75
Book fees subject to change w/price increases beyond our control			
PAYMENT SCHEDULE OPTION (CIRCLE): A (B) 12MO 24MO 36MO (48MO)			

48 Payments
of \$ 174.00
Per month.

ANY OTHER PAYMENT ARRANGEMENTS MUST BE DOCUMENTED AND APPROVED BY CENTER FOR VITAL LIVING ADMINISTRATION.

A LATE PAYMENT FEE OF \$25 WILL BE LEVIED FOR PAYMENTS MADE OVER FIVE (5) DAYS AFTER THE SCHEDULED PAYMENT DATE.

A \$25 FEE MAY BE LEVIED FOR CHECKS RETURNED BY THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. ALL OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:

SCHOOL SHIRTS: AVERAGE \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)

CLASS REQUIREMENTS: ONE PROFESSIONAL RELAXATION MASSAGE
ONE DEEP TISSUE MASSAGE

*CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY)

MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CRAFTWORKS PRODUCTS

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☒ HANDBOOK
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5. THIS AGREEMENT AND THE SCHOOL HANDBOOK CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE BUYER AND THE SCHOOL.
6. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN THE BUYER AND THE SCHOOL. ALL INFORMATION IS CONFIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
7. I UNDERSTAND THAT THE BUYER WILL BE HELD RESPONSIBLE FOR ALL LEGAL FEES INCURRED AS A RESULT OF THE BUYER'S NON-PAYMENT OF THIS CONTRACT OR STATE MANDATED REFUND POLICY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

X Diana S. Wolfe
BUYER SIGNATURE

01/02/07
DATE

THIS INSTITUTION IS REGULATED BY:
THE INDIANA COMMISSION ON PROPRIETARY EDUCATION (ICOPE)
302 WEST WASHINGTON STREET, ROOM 201, INDIANAPOLIS, IN 46204
1 (800) 227-5695 OR (317) 232-1320

OFFICE USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED BY:

SIGNED:

Janet Carroll

____ Education Director

DATE:

1-3-07

DATE OF STUDENT REGISTRATION/ENROLLMENT:

1-2-07